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ChiroSUITE Practitioner Data Export Contract

Completion of this form is required to authorize the export of practitioner information from ChiroSUITE for use in another ChiroSUITE data file or any other software application. You can fax back the completed form using the toll-free fax number above or you are welcome to scan & email the form to support@chirosuite.ca, or kick it old school and simply mail it. Please just always be aware of security concerns when emailing sensitive information.

1. Background Information

Sunbaked Software (the owner of ChiroSUITE) can only recognize one data owner – the individual who signed the initial ChiroSUITE Agreement. Written authorization is required from this individual to export out any or all data to another format for use importing into ChiroSUITE or any other software program. Most systems will only import in patient demographic information - names, addresses, phone numbers, email addresses and a patient balance (credit or debit). This information will be provided back directly to the clinic/data owner to distribute as desired, with the option of using the information directly in cases where a new ChiroSUITE data file is being created. Additional appt/billing history or any other details can be provided for an additional cost.

2. Agreement Details

Information will be exported out as specified below (by practitioner preference, appt history, and/or billing history) and provided directly to the clinic owner as a list of patient names for approval by whomever the clinic/data owner chooses. Once approved, this information will be used to create a new ChiroSUITE data file or provided in a Microsoft Excel format & can be edited as desired before providing the information on to the practitioner listed below.

3. Clinic & Clinic Owner Information

Clinic Name		Clinic Phone Number
Clinic Owner Name	Clinic Owner Email Address	Clinic Owner Personal Phone Number

4. Practitioner to Export Data For (indicate "ALL" when exporting for entire clinic)

Practitioner		Date to Export	Generate List By (circle all that apply) Prac Pref | Appt History | Billing History
✓	Export patient demographics (patient name, address, phone, email, balance, last visit date)		
	Export additional history as requested & indicated here:		
	I do not require a patient list to approve first, please go ahead, export the information & provide it directly to the practitioner indicated.		
	In the case of an additional charge for additional exported information, the information will not be released until paid for in advance.	Please Bill (circle one) Clinic Owner | Practitioner	Cost of Export

I understand and agree with the ChiroSUITE Practitioner Data Export Contract. If you have any questions or concerns, please ask before signing.

Clinic Owner Printed Name _____ Clinic Owner Signature _____ Date _____

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